

<b>FIREARMS INSTRUCTOR ENTRY-LEVEL TRAINING ENROLLMENT</b> Form Code: PSS_FE Fee Code:154 <b>Application Fee - \$300.00</b> Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: <a href="http://www.dcjs.org/privatesecurity/watson.cfm">www.dcjs.org/privatesecurity/watson.cfm</a> <b>Application Fees are Non-Refundable</b>	<b>COMMONWEALTH OF VIRGINIA</b> <i>Department of Criminal Justice Services</i> <b>Private Security Services Section</b> <b>P.O. Box 10110</b> <b>Richmond, VA 23240-9998</b> <b>Phone #: (804) 786-4700; Fax #: (804) 786-6344</b> <b>Website: <a href="http://www.dcjs.org/privatesecurity">www.dcjs.org/privatesecurity</a></b> <b>Status Hotline: (804) 786-1132 or 1-877-9STATUS</b>
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1. Applicant Name: \_\_\_\_\_  

Last Name
First Name
MI

2. Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  

mm/dd/yy

3. Mailing Address: \_\_\_\_\_  

Number and Street
City/Town
State
Zip

4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: \_\_\_\_\_

7. Are you certified as a General Instructor? ☐ Yes ☐ No\*

***\*If NO, individuals must be certified as a general instructor to be eligible for Firearms certification. Applicants may apply for and complete the entry level firearms instructor course, but will not be certified as a firearms instructor until certified as a general instructor. View website [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity) for details.***

8. Which type of firearms will you be utilizing in your instruction? (select all that apply)

☐ Revolver ☐ Semi-automatic handgun ☐ Shotgun

9. Do you have official documentation of successful qualification, with a minimum range qualification of 85%, with each of the selected firearms:

☐ No If No, this application cannot be processed.

☐ Yes If Yes, please attach third party documentation verifying the type and dates of qualification and a signed range sheet. This application cannot be processed without the requested documentation.

10. Training Date/Location Requested (training dates and locations are located on [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity)). For first available date, please leave blank.

Date: \_\_\_\_\_ Location: \_\_\_\_\_  

mm/dd/yy

11. Do you require disability accommodations?      ☐ No      ☐ Yes (please specify)

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I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Section 9.1.138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171. I agree to abide by all rules and regulations of the DCJS firearms instructor program and hold harmless the Commonwealth of Virginia, DCJS and/or its employees from any injury resulting during the training course.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy